

State-level Requirements

SAMHSA is requiring States/Territories/Tribes to use grant funds for the following:

1. Develop and improve State/Territory/Tribe capacity to increase access to and quality of treatment for adolescents with substance use or co-occurring substance use and mental disorders and their families through:
 - involving families and youth at the State/Territory/Tribe and local levels to inform policy, program and effective practice;
 - expanding the qualified workforce;
 - disseminating evidence-based practices;
 - developing funding and payment strategies that are practical and doable in the State/Territory/Tribe given the current funding environment;
 - improving interagency collaboration
2. Enhance and improve the quality of treatment and recovery services provided to adolescents (ages 12 –18) for the treatment of substance use or co-occurring substance use and mental disorders, and their families/primary caregivers (e.g., foster care parents, extended family members).
3. Through a State/Territory/Tribe planning and selection process, States/Territories/Tribes will partner with two local community-based treatment provider sites to:
 - select a family-centered/family-inclusive evidence-based treatment intervention for the amelioration of substance use and co-occurring substance use and mental disorders for adolescents and their families;
 - ensure certification/licensure of the sites and/or clinicians(as prescribed in the manual/documentation of the chosen evidence-based treatment intervention) with a “train-the-trainers” model included to ensure sustainability;
 - begin the process of dissemination of the intervention to providers throughout the State/Territory/Tribe (this is to be understood as the training and licensure/certification as required by the developers of the intervention and not merely exposure training) to equip an increasing number of sites and clinicians to be trained/trainers in the intervention.
4. In addition, State Adolescent Treatment Enhancement and Dissemination grantees will be expected to identify and decrease differences in access, service use, and outcomes of services among the adolescent populations vulnerable to health disparities.

Required Activities:

1. Develop at least one full-time staff position dedicated to managing this program.
2. Link and coordinate with other child-serving systems through establishing a council or adding to an existing one. The purpose is to promote comprehensive, integrated services for youth with substance use or co-occurring substance use and mental disorders. Such service systems include but are not limited to: mental health, education, health, child welfare, juvenile justice, and Medicaid. Youth and family members must be key members of this council.

3. Create a State/Territory/Tribe wide multi-year workforce training implementation plan to provide training in the specialty adolescent behavioral health (substance use disorder/co-occurring substance use and mental disorder) treatment/recovery sector and in other child-serving agencies.
4. Link and coordinate with financing mechanisms which include but are not limited to: SAPT Block grant, Medicaid/CHIP, private insurance, and other funding streams that provide substance use treatment and recovery support services to adolescents and their families.
5. Develop a cross-agency State/Territory/Tribe-wide financial map of Federal and State/Territory/Tribe financial resources which include but are not limited to Medicaid/CHIP, SAPT Block Grant, and other funding streams available to deliver evidence-informed substance use and co-occurring substance use and mental disorders treatment and recovery support services to adolescents and their families.

Local-level Requirements

Required Activities:

Grantees must ensure that local community-based treatment sites address each of the following required activities:

1. Provide the evidence-based assessment and treatment intervention, selected in consultation with the State/Territory/Tribe, for adolescents in need of substance use or co-occurring mental and substance use disorders treatment and recovery support services;
2. Provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for adolescents and their families;
3. Offer recovery services and supports (e.g., peer-to-peer support, parent/family/caregiver support, youth and caregiver respite care, technology support services, therapeutic mentors, behavioral health consultation, vocational, educational and transportation services) designed to improve longer-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary;
4. Screen and assess clients for the presence of co-occurring mental and substance use disorders, using an assessment instrument from the list provided in this RFA, and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. [For more information on the process of selecting screening instruments to identify co-occurring mental and substance use disorders, go to www.samhsa.gov/co-occurring/].
5. Utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Local treatment providers sites are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. **In addition, grantees are required to include a "payer of last resort" stipulation in all contracts with partnering provider organizations.**